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ABSTRACT

This document presents an introductory course syllabus for use with undergraduate social work students. Course material presented is generic in nature and will be useful to social workers employed in a wide variety of settings. The syllabus maintains a focus on practice and is divided into two major parts. The first part includes a brief overview and outline of the course and presents information which relates specifically to the course as it is being taught at the University of Southern Maine (learning objectives, class expectations, grading). The second part of the syllabus provides a topical outline for the course "Social Work With Adolescents." The subject matter is divided into five modules. Each module begins with suggested reading assignments followed by an outline of key concepts. Each module ends with several questions for discussion or further research. The five modules which make up this course are: (1) adolescent development: physical, psychological and social changes; (2) special issues involved in developing and maintaining relationships with adolescents; (3) substance use and abuse; (4) sexuality; and (5) adolescents who live away from home. A list of required readings completes the syllabus. (NRB)

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Social Work With Adolescents: Five Teaching Modules

A Course Syllabus

Developed By

The Department of Social Welfare
University of Southern Maine

In Cooperation With

The Human Services Development Institute
Center for Research and Advanced Study
University of Southern Maine
A Unit of the University of Maine

Portland, Maine

June, 1982

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SOCIAL WORK WITH ADOLESCENTS

Five Teaching Modules

A COURSE SYLLABUS

Developed by

The Department of Social Welfare
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The Human Services Development Institute
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Portland, Maine
June, 1982

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PREFACE: HOW TO USE THIS SYLLABUS

This syllabus is a teaching tool designed for use with undergraduate social work students. It is intended to be an introductory course; therefore, it covers a broad range of topics, any one of which could be the subject of far more extensive study and research.

The syllabus which follows is divided into two major parts. Part I presents a brief overview and outline of the course. It also presents information which relates specifically to the course as it is currently being taught at the University of Southern Maine: learning objectives, class expectations, grading, etc. Other professors using this material will, of course, need to adapt this material to reflect their own teaching styles.

Part II of the syllabus presents a topical outline for Social Work With Adolescents. The subject matter is divided into 5 modules. Each begins with suggested reading assignments. The majority of these materials are available from most college or public libraries; full citations are provided in the bibliography which follows. In some cases, however, the assignments refer to unpublished materials. These are noted in the bibliography. Copies may be obtained by writing:

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Following the suggested reading assignments, each module presents an outline of key concepts. Depending on time constraints and student interest, professors may choose to explore these areas in greater or lesser detail. To stimulate class discussion and to guide students in further study, each module ends with several questions for discussion or further research. These are open-ended questions which highlight some of the areas of professional concern or debate.

Course material presented here is generic in nature: it will be useful to social workers employed in a wide variety of settings--health centers, schools, counseling programs, public and private child welfare agencies and others. For those who will be working extensively with troubled adolescents and their families, the syllabus provides a basic framework upon which to build; further study will, undoubtedly, be necessary. For the benefit of both groups, the syllabus maintains a focus on practice throughout. Information is presented not solely for its own sake but rather as it relates to two recurring themes: What are the implications of this information for the social work practitioner? What is the social worker's role with respect to adolescent clients and their families?

PART I: INTRODUCTION

Overview

This course is designed to help social workers deal more effectively with adolescents. It begins by examining the normal development of adolescents from physical, psychological and social perspectives. It then focuses on some special issues involved in developing and maintaining relationships with adolescents. Finally, it examines three areas of particular interest to those who work with adolescents: substance abuse, sexuality and teenagers living away from home.

Course Outline

Session	Module	Topic
1	--	Introduction, Overview, Learning Objectives
2,3	I	Adolescent Development: Physical, Psychological and Social Changes
4,5	II	Special Issues Involved in Developing and Maintaining Relationships with Adolescents
6,7,8	III	Substance Use and Abuse
9,10,11	IV	Sexuality
12,13	V	Adolescents Who Live Away from Home
14	--	Evaluation, Wrap-up

Learning Objectives

1. To increase understanding of the physical, psychological and social development of adolescents.

2. To refine skills in developing and maintaining helping relationships with adolescents.

   a. To examine some problematic aspects of adolescent behavior (e.g., testing, manipulation, silence, violence.)

   b. To enhance the ability to work sensitively and confidently with adolescents through development of effective techniques for interviewing, listening, and limit-setting.

3. To explore the issues of adolescent substance abuse, sexuality and out-of home placement and to develop an understanding of the implications of these issues for effective social work practice.

Expectations

Students who participate in this course will be expected to:

- attend class regularly,
- prepare for class by completing assigned readings,
- take part in class discussions, and
- complete other assignments and exams, as specified by professor,

Assignments, Exams and Grading

Assignments, exams and grading procedures will be discussed during the initial class session.

PART II: TOPICAL OUTLINE

MODULE I: Adolescent Development: Physical, Psychological and Social Changes

Assignments

Cumberworth	"Self-Contemplation"
Jurich	"Coping with Moral Problems of Adolescents in Foster Care"
Rice	Chapter 3, "The Period of Adolescence," pp 45-73
	Chapter 4, "Sexual Maturation and Changes," pp 79-99
	Chapter 5, "Physical Growth and the Body Images," pp 101-120
	Chapter 7, "Intellectual and Cognitive Growth and Change, pp 165-190
	Chapter 10, "The Development of Moral Judgement, Character, Values and Behavior," pp 447-473

Key Concepts

A. Physical transformation

1. Major aspects

   a. Changes in body shape, size, strength

   b. Development of the physical capability to become a parent

2. Implications for social workers

   a. Impact of uneven, sudden, unpredictable development on behavior

   b. Differences in adolescent and adult perceptions of sexual maturity

B. Increased hormonal activity

1. Effects on behavior

   a. Unexpected, baffling mood changes

   b. Sexual tension

   c. Restlessness and anxiety

2. Implications for social workers

   a. Difficulty in labelling feelings

b. Conflict between need for activity and need for introspection

c. Heightened importance of the immediate

C. Cognitive development

1. Piaget's theory

a. Orderly development of thought processes from infancy through adulthood

b. Relevant stages

1) Concrete Operations: the ability to logically manipulate isolated problems and understand the interrelationships of objects--precedes adolescence

2) Formal Operations: the ability to understand the interrelationship of facts, problems, ideas and to deal with abstract concepts--generally begins with adolescence

2. Implications for social workers

a. Fascination with alternatives, possibilities, extended discussion

b. Belief in the power of thought

1) Narcissism and omnipotence

2) Magical thinking

3) "Personal fable" (Elkind): belief in the uniqueness of one's own experience

4) Egocentrism and development of self-protective mechanisms

5) Implications for pregnancy, risk-taking

c. Ability to understand cause and effect and to anticipate consequences

1) Connections between feelings and actions

2) Use of problem-solving models

3) Need for practice, encouragement--especially in younger adolescents

D. Psychosocial development

1. Erikson's theory

a. Development of identity through resolution of a series of eight intra-personal conflicts

b. Central questions for adolescents

1) Identity vs. role confusion: early and middle adolescence

2) Intimacy vs. isolation: late adolescence and early adulthood

c. Disruptions in development of identity

1) Identity foreclosure: "short-cutting" of growth processes by assuming a ready-made identity (i.e., a role or character)

2) Negative identity: assuming an identity based on negative characteristics due to perceptions of self as devalued or identification with a devalued family member (scripting)

2. Interpersonal growth

a. Major aspects

1) Separation from family

2) Elevation of importance of peers

b. Two explanations

1) Havighurst's developmental tasks of adolescence

a) Achieving emotional independence from parents and other adults

b) Achieving new and more mature relations with age mates

2) Psychodynamic interpretation

a) Resurgence of latent sexual impulses

b) Upsurge in sexual feelings towards parents

c) Anxiety and denial of feelings

d) Devaluation of parents, movement towards peers

3. Implications for social workers

a. Need to stress importance of movement away from family

b. Need to help adolescents build peer relationships skills

Questions for discussion or further research

1. The adolescent does not develop in a vacuum. What impact does his or her physical, psychological and social development exert on the family unit?

What impact does it exert on the community and its institutions (schools, law enforcement, etc.)?

2. To what extent is adolescent development a universal phenomenon? To what extent can the events of adolescence be influenced by environment?

MODULE II: Special Issues Involved in Developing and Maintaining Relationships with Adolescents

Assignments

Cottle	"Theresa Engler," excerpt from Barred from School: Two Million Children
Halleck	"The Impact of Professional Dishonesty on Behavior of Disturbed Adolescents"
Rice	Chapter 1, "Images of the Adolescent," pp. 4-11

Key Concepts

A. Approaching and engaging adolescent clients

1. Adolescents' view of workers
   a. An ally with power to intervene with parents, school, courts, etc.
   b. A person who will punish them
   c. An agent of the community--representative of the school, court, etc.
2. Adolescents' approach to workers
   a. Rarely use direct approach
   b. May test worker with small problem before developing enough trust to share real issues
   c. May use somatic complaints as presenting problem
3. Workers' approach to adolescents
   a. Varies according to youth's needs, worker's time frames: "Sometimes like a butterfly, sometimes like a Mack truck."
   b. Must make an immediate impact; few second chances
   c. Personal characteristics that encourage relationships
      1) A charismatic, colorful style
      2) Honesty and the expectation of honesty in others

3) Genuineness

4) Trustworthiness and consistency: the ability to follow through on promises

5) Careful listening, complete attention

6) Respect for client's feelings and concerns

7) Relaxed attitude

8) Clarity on roles and responsibilities: neither a peer nor an adult who wants to direct his/her life

9) Tolerance of mood swings and approach-avoidance

10) Ability to communicate consistent, caring, non-punitive limits

B. Negativism

1. Wish/fear dilemma

a. The wish to merge with an adult's identity coupled with the fear of being overwhelmed, swallowed

b. A major factor in the attraction of cults and gurus

1) The safety of a "we" identity

2) Presence of a strong leader

3) Avoidance of decision-making

2. Approach-avoidance

a. Acting out of ambivalence about relationships with adults

b. Eagerness for new relationships coupled with inability to sustain consistent interest in another person

3. Resistance

a. Protecting self by avoiding development of relationships or acknowledgement of problems

b. Importance of openly acknowledging and confronting resistance

C. Testing

1. A method of asking questions, assessing worker's response

a. Worker's exercise of power

b. Limits of acceptable behavior

c. Worker's consistency and trustworthiness

c. Worker's level of caring and concern

2. A display of hostility

a. An attempt to shock worker

b. A challenge to an authority figure

c. A displacement of anger at worker, rage at parents

c. An attempt to set up rejection by worker

3. Responding to testing

a. Provide external controls because internal controls are lacking

b. Communicate disapproval of <u>action</u> not of <u>client</u>

c. Identity manipulation

d. Communicate caring with direct message

D. Silences

1. Potent form of non-verbal communication

2. Reasons for client's silence

a. Overwhelmed with feelings: anger, despair, anxiety, embarassment, shame

b. Unable to express thoughts

1) Needs time to organize or synthesize ideas

2) Needs time to weigh options, alternatives

3) Needs time to reflect on what has been said

3. Reactions to worker's silence

a. May be seen as criticism, disinterest, hostility, acceptance

b. May produce anxiety, anger at worker

4. Implications for social workers

a. Monitor non-verbal behavior carefully

b. View in context of adolescent development

1) Frightened by, ashamed of feelings

2) Able to "save" information to process at a later time

E. Physical contact with adolescent clients

1. Part of non-verbal communication pattern (along with eye contact, body position)

2. Need to be clear on meaning and on interpretation

3. Possible misinterpretations

a. Sexual communication

b. Act of aggression

c. Unwanted intimacy: may lead to suspicion, withdrawal

4. Factors which affect use

a. Worker's level of comfort with touching

b. Worker's feelings about self

c. Worker's/client's feelings about each other

d. Client's feelings about self

e. Client's feelings about being touched

5. Special situations

a. Psychotic adolescents

b. Violent adolescents

c. Adolescents under the influence of drugs (especially PCP and hallucincgens)

F. Personal questions

1. May have several meanings

a. An attempt to open up discussion of uncomfortable or scary feelings

b. An indirect request for information on a difficult subject

c. Curiosity about worker

d. An attempt to shock or unnerve worker

e. An attempt to develop a social relationship

f. An attempt to develop a sexual relationship

2. Responding to personal questions

a. Determine what question means to client

b. Maintain focus on client's feelings

1) Why is he/she interested in knowing this?

2) Why does he/she need to know this now?

c. For relatively straightforward questions: answer briefly and return focus to client

d. For questions involving behavior that might be interpreted as immoral or illegal, feelings that are overly personal: best not to answer

G. Violence

1. Roots of violent behavior

a. Response to feelings of powerlessness, lack of control

b. Acting out of culture's negative messages about race, class, family

c. Displacement of physical and psychological violence perpetrated on client by others

d. Mode of survival in a violent environment: victim or victimizer?

2. Techniques for controlling violent situations

a. Assessment

1) Be assertive; use loud, controlled voice

2) Set personal limits for tolerance of acting out

3) Look for signs of loss of control: lack of eye contact, trembling, etc.

b. Involvement

1) Goal: To enable all parties to again feel in control of selves and of situation

2) Enlist support in averting violence, if possible

a) Seek support of group leader

b) Seek support of group member with strongest relationship to worker

c) Offer support to weakest individual to allow him/her to remove self from situation

3) De-fuse situation

a) Separate protagonists to allow ventilation

b) Decrease chance of "domino effect" or "contagion" (i.e., others encouraging further violence)

c) Allow participants a method of escape

d) Use physical contact with care: may be seen as nurturant or as aggressive

e) Use worker of opposite sex when possible: often more effective in averting violence than member of same sex

c. Processing after incident

1) With participants: to discuss what happened and to repair relationships

2) With co-workers: to explore feelings about violence and response to violent behavior

Questions for discussion or further research

1. Module I described the physiological, cognitive and psychosocial development of the adolescent. This module describes several behavior patterns which are often problematic to adults. Discuss the manner in which these behaviors are linked to normal adolescent development. What implications do these connections have for social work practice?

2. To what extent does social work with adolescents require a unique style or special considerations which differ from the needs of other client groups? To what extent are their needs similar?

3. Using your professional or personal experience, give an example of each of the behavior patterns which are described in this module. Role play a positive (or negative) social work intervention.

MODULE III: Substance Use and Abuse

Assignments

Alcoholics Anonymous	"A Message to Teenagers: How to Tell when Drinking is Becoming a Problem"
Remsberg	"Teenage Alcoholism"
Rice	Chapter 6, "Drug Abuse, Smoking, Excessive Drinking," PP. 125-157

Key Concepts

A. Spectrum of use/abuse

1. Experimentation
   a. Irregular, generally social usage
   b. A form of exploration of sensation, risk-taking
2. Recreation
   a. Frequent, generally social usage
   b. A way to fill free time, to relate to peers, to have fun
3. Physical dependence
   a. Regular usage, independent of external, social factors
   b. A physiological necessity, generally linked with alleviation of physical discomfort (e.g., use of pain killers while recovering from surgery)
4. Psychological dependence
   a. Regular usage, independent of external, social factors
   b. An emotional necessity, used to cope with daily life events
5. Addiction
   a. Regular usage; incorporates psychological dependence, may or may include physical dependence
   b. A compulsive behavior in which one's life centers around obtaining and using the addicting substance

B. Classification of abused substances

1. Stimulants

a. Effects

1) Increased level of activity of nervous system

2) Associated with increased feelings of energy, excitement, euphoria; loss of appetite

b. Major types

1) Cocaine: powder extracted from leaf of coca bush; may be inhaled, injected, or "free based"

2) Amphetamines: includes pharmaceutical products such as Benzedrine, Dexadrine, Methadrine as well as various diet and pep pills

3) Caffeine: found in coffee, tea, colas, various stay-awake aids (e.g., No-Doz)

4) "Non-amphetamines:" amphetamines which produce a calming effect when used on prepubescent children (e.g., Ritalin)

2. Depressants

a. Effects

1) Decreased level of activity of nervous system

2) Associated with feelings of relaxation, reduction of stress

b) Major types

1) Alcohol: found in beer, wine, hard liquor and other substances (e.g., vanilla, cough syrup); currently the most frequently abused substance among adolescents

2) Tranquilizers: pharmaceutical products, such as Valium and Librium, generally used to treat anxiety

3) Sedative-hypnotics (sleeping pills): includes both barbiturates (e.g., Nembutal, Seconal) and nonbarbiturate substances (e.g., Quaaludes)

3. Inhalents and solvents

a. Effects

1) Decreased level of activity of nervous system

2) Associated with feelings similar to severe alcohol intoxication

b. Major types

1) Petroleum products: includes gasoline, kerosene, airplane glue, nail polish remover and others

2) Gases in aerosol sprays: includes propellants used in certain hair sprays, deodorants, cleaning products

4. Nicotine

a. Effects: stimulant drug producing strong dependency

b. Found in all tobacco products

5. Hallucinogens

a. Effects

1) Acts on sensory and screening mechanisms in brain

2) Produces alterations in sensation and perception

b. Major types

1) LSD (lysergic acid diethylamide): first widely used hallucinogenic product

2) Mescaline: derived from peyote cactus

3) PCP (phencyclidine): originally a veterinary anesthetic; currently the most frequently abused hallucinogens

4) THC (tetrahydrocannibol): a concentrated form of the active ingredient in marijuana

6. Opiates

a. Effects

1) Sedative narcotic action

2) Associated with pain relief, euphoria

b. Major types

1) Opium: a resin from the seed pods of the opium poppy

2) Morphine: an opium derivative

3) Synthetic products: include heroin, Percodan, codeine, Demerol, methodone and others

7. Cannabis/hemp products

   a. Effects

      1) Feelings of intoxication

      2) Alterations of perception

   b. Major types

      1) Marijuana: dried leaves, stems and flowers of the cannabis plant

      2) Hashish: extract prepared from the dried flowers of the hemp plant

C. Working with substance abusers: key aspects and strategies

   1. Disease model

      a. Supported by Alcoholics Anonymous and many treatment facilities

      b. Classifies alcoholism (and other forms of substance abuse) as a chronic disease: can't be cured; can be controlled through abstinence

      c. Family involvement: all members of abuser's family become a part of the illness and need treatment

   2. Denial system

      a. Well-developed defense mechanisms with which abuser protects him/herself from acknowledging the problematic effects of the abused substance

      b. May be manifest as rationalization, intellectualization, claims of persecution, denial of problems or other negative behaviors

      c. Intervention

         1) Developed by Vernon Johnson; used widely by Johnson Institute (Minnesota) and other treatment facilities

         2) Confrontive therapeutic model using concerned persons to break through abuser's denial system

   3. Treatment modalities

      a. Alcoholics Anonymous

         1) International, non-profit self-help group for alcoholics (some chapters also accommodate abusers of other substances)

2) Offers group support and structured 12-step program to sobriety

3) Includes Alanon groups for families of abusers, Alateen groups for children of abusers

b. Outpatient Counseling

1) Provided by free-standing substance abuse programs and community mental health centers

2) Generally used in conjunction with participation in Alcoholics Anonymous

c. Inpatient programs

1) Residential programs, approximately 1 month long, which generally include detoxification, counseling, Alcoholics Anonymous involvement

2) May be free-standing or hospital-based

Questions for discussion/further research

1. Adolescents who deny substance abuse problems are often referred for help for other, more apparent difficulties (school failure, problem pregnancy, parent-child conflict, etc.) What are some of the indicators which may point to substance abuse as an underlying issue?

2. Substance use and abuse progresses along a continuum from experiemention through addiction. What are appropriate modes of treatment for each stage?

3. Treatment of young substance abusers poses special problems around the question of abstinence. Is total abstinence necessary for all substance abusers? Can there be a middle ground between abuse and abstinence?

4. What are the roles and responsibilities of social worker, family and friends when a substance abusing adolescent refuses treatment? What is the extent of the client's right to self-determination?

MODULE IV: Sexuality

Assignments

Cain	"Social Worker's Role in Teenage Abortions"
Cartoof	"Post Partum Services for Adolescent Mothers: Part 2"
Family Planning Association of Maine	Waiting for Help: Teenage Pregnancy in Maine
Henegar	"Fact Sheet"
Needham	"Casework Intervention with a Homosexual Adolescent"
Oettinger	Not My Daughter: Facing Up to Adolescent Pregnancy
Rice	Chapter 11, "Social Development, Relationships and Dating," pp 281-302
	Chapter 12, "Sexuality and Sex Roles," pp 307-318
	Chapter 13, "Sexual Values, Behavior and Education, pp 325-249
Shapiro	"Sexual Learning: The Short-Changed Adolescent Male"

Key Concepts

A. Onset of puberty

1. Signals beginning of adolescence
2. Steady downward trend in age of onset
3. Average in United States
   a. Boys: 10-11 years
   b. Girls: 9-12 years

B. Behaviors/tasks associated with emerging sexuality

1. Experimentation with both heterosexual and homosexual behavior
2. Upsurge in level of masturbation, sexual fantasies; preoccupation with sexual issues

3. Consolidation of sex role development: choosing between stereotypical and non-traditional roles

C. Implications for adolescents

1. Multiple meanings of sexual behavior

a. Ticket to adulthood: A symbolic "rite of passage"

b. Demonstration of feelings of closeness, caring for others

c. Proof of own competence, attractiveness, value

d. "Currency" with which to negotiate power, status within peer group

2. Ambivalent feelings around sexuality

a. Want and fear approaching adulthood, closeness with others

b. Receive conflicting messages from community, family, peers, church, mass media: a behavior which is both desirable and taboo

c. Questioning of self and own experience

1) Sexual development: is my body normal?

2) Sexual norms, values and mores: is my behavior normal?

3) Sexual orientation: are my feelings or preferences normal?

D. Implications for parents

1. Stimulates questioning of own sexuality and sexual relationships

2. Symbolizes loss of control of child, foreshadows eventual separation

3. May threaten moral value system, status quo

E. Social worker's role

1. Provide information, education

a. For adolescents: physical development, bodily changes, reproduction and fertility, contraception

b. For parents: sexuality as a normal component of adolescent development

2. Help clarify feelings

a. For adolescents: distinction between <u>sexuality</u> (i.e., sexual performance), <u>sensuality</u> (i.e., pleasurable physical sensation) and intense <u>interpersonal feelings</u> (i.e., love, caring, concern)

b. For parents: separation of concerns about adolescent's sexuality with concerns about own sexuality; acceptance of child as sexual being

3. Offer non-judgemental support

a. For adolescents: assurance that feelings are normal, that he/she has capacity to make own choices

b. For parents: assurance that concerns are valid, that child's behavior is normal

F. Problem pregnancy and teenaged parenthood

1. Dramatic increase in recent years parallels increase in adolescent sexual activity

2. May represent first major life choice which adolescent has to make

a. Abortion

b. Continuation of pregnancy

1) With/without prenatal health care

2) With/without involvement of father

c. Parenting of child

1) Free child for adoption

2) Keep child; marriage or continued involvement of both parents

3) Keep child; raise as single parent

3. Social Worker's role

a. Stress self-determination, the ability and right to make plans and choices

b. Help teen parent(s) realistically appraise options and impications

1) Health factors

2) Social factors

3) Implications for further education/vocational training

4) Financial considerations

c. Seek out appropriate resources, based on client's needs and choices

1) Health care: termination of pregnancy or pre- and postnatal care

2) Resources for learning parenting skills

3) Community or family resources for parent(s)' emotional and financial support

4) Continued educational/ vocational opportunities

5) Appropriate child care resources

Questions for discussion/further research

1. Few issues cause social workers to confront their own biases or predispositions as much as those around adolescent sexuality, sexual orientation and childbearing. To what extent is it possible to separate oneself from his/her convictions in these areas? To what extent is it appropriate for the worker to convey his/her own moral or ethical beliefs?

2. Examine the implications of teenaged parenthood for: the adolescent mother, the adolescent gather, the child, the parents' parents, the community.

3. What services or resources exist locally for pregnant teens? for teenaged parents?

Module V. Adolescents Who Live Away from Home

Assignments

Anderson and Brown	"Life History Grid for Adolescents"
Hornby	"Adolescents Living Away from Home: An Overview of Living Arrangements and Services"
Hornby	"A Foster Care Story: It's a World of Darkness"
Hornby and Collins	"Teenagers in Foster Care: The Forgotten Majority"
Knitzer, Allan and McGowan	"Where a Child is Placed: Some Definitions," excerpt from Children Without Homes: An Examination of Public Responsibility to Children in Out-of-Home Care
Koslow	"Incest: The Ultimate Family Secret"
Rhodes	"A Developmental Approach to the Life Cycle of the Family"
Rice	Chapter 14, "Adolescents in Their Families," pp 358-378
Richter	"A Group Home Program in a Family Agency"
Robb	"On the Run"
Scherz	"The Crisis of Adolescence in Family Life"
Walsh and Rosen	"A Network of Services for Severely Disturbed Adolescents"

Key Concepts

A. Adolescents in their families

1. Adolescents and mid-life parents: parallel developmental issues

a. Sexuality

1) Adolescent: coping with emerging sexuality

2) Parents: concerns about declining sexuality

b. Educational/vocational goals

1) Adolescent: uncertainty about aspirations

2) Parents: acknowledgement of own career limitations

c. Separation/independent identity

1) Adolescent: definition of self as separate from family

2) Parents: definition of self apart from child-rearing role

d. Authority/control

1) Adolescent: rebellion against external limits and concomitant wish for parental control

2) Parents: relief about and fear of losing control of child

e. Emotional readjustment

1) Adolescent: dependence on peers for support

2) Parents: need to rely on one another

f. Reassessment of values

1) Adolescent: idealistic expectations for self and others

2) Parents: questioning of own choices, values, behavior

2. Adolescent's relationship to family: some determinants

a. Style of adolescent and parents in resolving their personal issues

b. Style of adolescent and parents in resolving joint interpersonal issues

c. Presence of other stress factors: economic difficulties, history of family violence, environmental influences, etc.

B. Families in transition: normal separations

1. Movement away from family: normal developmental process

2. Parents/teenagers act out ambivalence about letting go, leaving

a. Uneven, confusing process

b. Series of progressions and regressions

3. Symbolic death of family as child-rearing and nurturing unit: re-emergence as family network of adults

4. Role of social worker

a. Help family understand readjustment in roles

b. Facilitate communication

1) between parents

2) among parents and adolescent

3) among entire family unit

C. Imposed separations: special circumstances

1. Situations in which separation is imposed on one or both parties

a. Runaways: separation initiated by youth, imposed on parents

b. "Throwaways": rejection initiated by parents, imposed on youth

c. Youth in substitute care: separation imposed by court on parent and adolescent

2. Effects

a. Denies one or both parties a chance to participate in, gradually work out separation

b. May prolong or prevent resolution

c. Produces mixed feelings in parent and child: fear, anger, guilt, sadness, depression, helplessness, relief, lowering of self-worth

3. Role of social worker during separation

a. Maximize involvement of parent and child in planning; present meaningful choices

b. Support expression of grief and pain

c. Understand, accept negative feelings (may be directed at worker or others)

d. Encourage maintainance of constructive relationship with parents--visits, letters, calls, respect for meaningful possessions or pictures

D. Adolescents in out-of-home placements

1. Types of placements

a. Majority in foster family care

b. Other options:

1) Group homes

2) Residential treatment

3) Semi-independent living arrangements

4) Placement with relatives or friends

2. Adjustment to out-of-home placement

a. Fear, mistrust of adults

b. Appearance of acceptance ("honeymoon period")

c. Confusion

d. Regression

e. Testing, seeking limits of acceptable behavior

f. Impulsivity

g. Withdrawal

3. Behavior during placement

a. Regression to earlier functioning levels, repetition of old behavior patterns

1) Attempt to gain attention--positive or negative

2) Attempt to evoke a familiar response

3) Attempt to assert control by provoking rejection

b. Emotional detachment

1) Withdrawn behavior

2) Superficial relationships

3) Denial of closeness or attachment to new caretaker(s)

4) Runaway episodes: need for physical distance mirrors need for emotional distance

c. Conflict in loyalty to natural, foster families

1) Inappropriate methods for seeking place in foster family: manipulative, competitive or ingratiating behavior

2) Presentation of self as helpless, clinging, passive

3) Glorification of absent biological parent

4. Role of social worker

a. With adolescent

1) Reinforce ability to make choices about, see consequences of behavior

2) Provide support without making demands for closeness, intimacy

3) Help to resolve "either/or" aspects of loyalty conflict

b. With natural parents

1) Support continued involvement with child and new caretaker(s)

2) Facilitate resolution of problems leading to separation through direct services and/or referral to appropriate community services, resources

c. With foster parents/caretaker(s)

1) Interpret adolescent's behavior as part of separation process: not a personal rejection of caretaker(s)

2) Facilitate development of positive relationship with natural parents

E. Termination of placement

1. Recapitulation of initial separation

2. Stages of termination

a. Denial

b. Expression of narcissistic hurt/rage

c. Regression

d. Resolution/re-investment in new setting

3. Social worker's role

a. Help adolescent, caretaker(s), parents understand behavior and feelings related to termination

b. Facilitate adolescent's transition into new community through development of a support network

Questions for discussion/further research

1. For some adolescents the transition away from home is relatively easy; for others, it is a painful process. What special factors or indicators (economic status, family constellation, presence or absence of community resources, etc.) make separation of the adolescent from his or her family particularly difficult? What factors facilitate the process?

2. In what ways do adolescents act out their ambivalence regarding independence? In what ways do families act out ambivalence about letting go?

3. Social workers often have a difficult time finding appropriate placements for adolescents who must live away from home. What options currently exist in the community for adolescents? What options are needed but unavailable?

4. What is the social worker's responsibility for or role with an adolescent who refuses to stay in a placement which the worker feels is appropriate? To what extent can and should the adolescent make choices about his or her living arrangement?

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